STATE OF MARYLAND
DHMH
Maryland Department of Health and Mental Hygiene
Behavioral Health Administration • Spring Grove Hospital Center
55 Wade Avenue • Catonsville, Maryland 21228
410.402.8595

APPLICATION FOR A RECOVERY RESIDENCE CERTIFICATE OF COMPLIANCE

IMPORTANT: PLEASE READ INSTRUCTIONS BEFORE COMPLETING THIS APPLICATION

In accordance with HB 1411, all residential facilities considered as "recovery residences" must receive a certificate of compliance from the Maryland Behavioral Health Administration on or before October 1, 2017. Enclosed you will find an application which must be completed by any applicant seeking a certificate of compliance for a recovery residence. A "recovery residence" is a dwelling unit or other form of group housing by any person or entity that provide alcohol and illicit drug free housing for individuals with substance use disorders. These residences are not clinical treatment facilities. However, residences may receive clinical services provided by other providers to address their treatment needs.

Before applying for certification, please review the Compliance Documentation Checklist to identify documentation requirements. A "grandfathering" process is available to recovery residences that are active members in "good standing" with the Maryland State Association of Recovery Residences (MSARR). Good standing is defined as all dues and fees have been paid, have a current MSARR certificate of membership, and meet all legal requirements. Residences that meet the grandfathering requirements will receive certification that will be valid until the expiration of their current MSARR certificate. **A separate application is required for each service site location.**

Please type or print legibly all required information. Failure to fill in required information or provide supporting documentation will delay the application being processed until all required information is received. Please retain a copy of the application and attachments for your files.

Please Return Completed Application to:

Mail: Patricia Konyeaso, Recovery Services Manager
Behavioral Health Administration, Voc Rehab Building
Vocational Rehabilitation Building
55 Wade Avenue
Catonsville, MD 21228
Email: mcorr.info@maryland.gov
Fax: (410)402-8601

Should you have any questions, please contact the Behavioral Health Administration (BHA) at (410) 402-8595.

Maryland Certification for Recovery Residences (MCORR)
Maryland Department Health and Mental Hygiene
Behavioral Health Administration
55 Wade Avenue
Catonsville, MD 21228
Phone: 410.402.8595

Certification of Recovery Residences Application

A Certificate of Compliance is issued once your application is approved and the recovery residence has passed a site inspection conducted by the Behavioral Health Administration (BHA) or a contractor approved by BHA. **The certification is valid for one (1) year from the date of issuance.** Each applicant is required to submit additional documents to accompany this application. Please refer to the Documentation Checklist for a list of required documents.

Please select the type of application your organization would like to apply for:

Application Type:

☐Grandfathering Certification

☐Initial Certification

☐Renewal Certification (Cert#_____)

I. Applicant Information: (Required) The business name of the organization must be listed as it is registered with Maryland State Department of Assessment and Taxation.	
Organization(Full Name):	Legal Entity(Full Name):
Type of Organization: ☐Sole Proprietor ☐Partnership ☐C-Corporation ☐S-Corporation ☐Limited Liability Company	Website:
Mailing Address: (City, State, Zip Code)	Program Email:
Billing Address: (City, State, Zip Code)	Tax ID:
Main Office Phone Number:	Fax Number:
Program's Contact Person:	
Contact Phone Number:	
Contact E-mail Address:	
1. (For grandfathering) Is this organization an active member **in "good standing"** with the Maryland State Association of Recovery Residences (MSARR)? If so, please list the following: MSARR Certification#:_____ Expiration Date:_____	

2. Has the organization received any funding from the State of Maryland to support this service? If so, please list the following:

Funding Type:_____ MDRN/ATR ___Contract w/County or City government

_____Other_____

When? ____ 2017 ___2016 ____ 2015 ___2014 ___2013 ___2012 ___2011

3. **Maryland Certification of Recovery Residences (MCORR) values and encourages partnerships with Faith and Community –based organizations.**

MCORR defines a Faith–Based Organization as:

- a religious congregation (church, mosque, synagogue, or temple) or,
- an organization, program, or project sponsored/hosted by a religious congregation (may be incorporated or not incorporated) or,
- a nonprofit organization founded by a religious congregation or religiously-motivated incorporators and board members that clearly states in its name, or incorporation, or mission statement that it is a religiously motivated institution or,
- a collaboration of organizations that clearly and explicitly includes organizations from the previously described categories.

(Faith Organization founded on a particular religion or spiritual belief)

Religious denomination: _____

Place a check mark in the box that best describes your organization.

☐ Community-Based
☐ Non-profit
☐ For- profit
☐ Grassroots (annual operating budget of $500,000 or less)
☐ Other: _____

II. Staffing Information:

1. **Organization's Director**(include Title):

Email:

Phone:

Emergency Contact Person:

Email:

Phone:

2. **House Manager(Full Name):**

Email:

Phone:

Is the House Manager compensated for job duties? If yes please check:

☐ free/partial room and board

☐ paid salary ☐ Other:_____

Hours on Duty:_____

III. Property Information	
Property Name:	**Property Ownership:** ☐owns property ☐leases from 3rd party ☐leases from related person entity
Levels of Support: ☐I Peer Run ☐II Monitored ☐III Supervised ☐IV Service Provider	**Type of Structure:** ☐Single family ☐Multi-unit dwelling/apt.(#units_____) ☐Facility
Physical/Service Address: (City, State, Zip Code) **County:**	**#Bedrooms** ☐1 ☐2 ☐3 ☐4 ☐Other:____
Billing Address: (City, State, Zip Code)	**#Bathrooms** ☐1 ☐2 ☐3 ☐4 ☐Other:____

Special Services: (check all that apply) ☐offers American Sign Language interpretation ☐is handicapped accessible ☐has a location near public transportation ☐has handicapped parking ☐offers services in languages other than English (If so, what language(s)?)	**Bed Capacity: ___**

IV. Population Served

☐Women
☐Men
☐Co-ed
☐Women with Children
☐LGBT
☐Veterans
☐Pregnant Women
☐Transitional Aged Youth

1. Is your organization abstinence based? ☐Yes ☐No

2. Does your organization accept individuals receiving medication assisted treatment?
   ☐Yes ☐No

3. Does your organization conduct routine drug testing? ☐Yes ☐No

V. Resident Fees. ***(In this section, please indicate how often resident fees are collected, and select room type).***

Billing Frequency (how often resident fees is collected): ☐weekly ☐bi-weekly ☐monthly

Administrative Fees:_____
Security deposit amount:_____
Prorated amount:_____
First and Last Amount:_____

Room Type:
- ☐ Shared room amount:_____
- ☐ Private room amount:_____

1. Is food included in the fees charged? If yes, how much?_____ ☐Yes ☐No

2. Who manages the residents' funds?_____

V. Disclosures: (Required)
Complete **only** if your organization is not licensed or certified by, registered with, or otherwise accredited by or affiliated with an authority accepted by the Maryland Department of Health and Mental Hygiene, consistent with the qualification requirements of the Maryland Certification of Recovery Residences Provider Manual.

Has your organization or an employee or volunteer ever lost a professional certification or licensure for misconduct, failure to maintain required standards, or any other reason?

☐Yes

☐No

If yes, please explain.

Is your organization or an employee or volunteer facing any pending or threatened litigation?

☐Yes

☐No

If yes, please explain.

Has an employee or volunteer ever been convicted of a felony?

☐Yes

☐No

If yes, please explain.

Please note: Answering "yes" to this question does not disqualify you from becoming eligible to be certified by the Maryland Certification of Recovery Residences.

Terms of Agreement Acknowledgement

By signing below, I certify that I have read and understand the Maryland Certification of Recovery Residences requirements. I have read and agree to comply with the National Association of Recovery Residences (NARR) standards and the Code of Ethics. I agree to the information provided in this application and attachments are correct and true to my knowledge.

Print Name:

_____

Signature of Applicant's Representative Title or Position Date

For Maryland Certification of Recovery Residences office use only:	
Date application received:	o Application approved
Certification Administrator's/Recovery Services Manager's Signature:	o M-SARR Member Status Verified:
Date:	o Application denied Reason: